MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT							
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1											
2		1										
3		2										
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49												
50												
TOTAL IND.	8											
TOTAL DEP.	8											
TOTAL CLAIMS	9											

	IND	DEP	IND	DEP	IND	DEP
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